she was attacked by sore throat and complete anorexia. The tonsils were red and swollen, and the tongue very much furred. A hypodermic injection of three or four milligrammes of hydrochlorate of apomorphia was administered to her in the sternal region. The pulse was full and marked one hundred beats. In four minutes the patient felt slight uneasiness, and a little vertigo; she said she felt her head turning round and becoming stupid She turned pale, became insensible, her pulse became extremely weak, intermittent, and then imperceptible; the pupils were dilated, and the respiration seemed to be entirely suspended. Slight tonic convulsions showed themselves in the left corner of the mouth and in the left cheek. The patient became inert, and did not answer to the questions addressed to her. When M. Prevost, under whose care she was, saw these alarming symptoms, he had recourse to every available means of exciting reflex action, such as sprinkling with cold water, inhalations of ammonia, energetic frictions, mustard poultices, etc. The patient recovered consciousness in three minutes and vomited twice, after which she again fainted, became extremely pallid, and the pupils were alternately dilated and contracted. Counter-irritation was again tried, and she was also electrified with an induction-current on the anterior portion of the chest. Improvement set in and gradually increased, until in about half an hour fresh vomitings followed by fainting again came on. Brandy and wine were given to the patient. In another ten minutes all danger seemed over, and she slept soundly for half an hour. She felt better when she woke, but up to twelve o'clock she continued to have sudden pallors, which did not, however, go so far as syncope. She, however, eventually recovered from the effects of the injection, and also from the gastric affection for which she had sought advice.—*London Med. Record*, Jan. 27, 1875.

14. *Effects of the Alcoholic and Watery Extracts of Ergot.*—Dr. H. Köhler describes the results obtained by a series of comparative experiments with the substances to which the name "ergotine" has been incorrectly applied. The ergotine prepared by Wigger is an extract of the constituents of ergot, soluble in alcohol but insoluble in water; whereas that of Bonjean contains the constituents soluble in water but insoluble in alcohol. It is obvious that these substances, although called by the same name, must be very different; and it also appears that neither of them is a distinct chemical compound, such as quinia or morphia, and it is misleading to call them by a name suggestive of that. It seems that Bonjean's ergotine (the watery extract) stimulates the depressor centres in the heart, and the vaso-motor centres in the medulla oblongata, thereby producing slowness of pulse and contraction of the arteries, with consequent increase of the blood-pressure. Large doses paralyze the heart. Wigger's ergotine has no influence on the heart or arteries. It, on the other hand, acts as an acrid poison, irritating mucous membranes, and even producing convulsions. Both ergotines reduce the temperature and retard respiration, but Wigger's more than Bonjean's. (In dogs, Bonjean's even accelerates respiration.) Bonjean's ergotine reduces the irritability of the peripheral motor nerves when it acts directly on them, while Wigger's increases it. Both widen the pupil, and both diminish the irritability of the sensory nerves. From these facts it seems obvious that a discrimination must be made between these two substances in their therapeutic use. When the object is to cause contraction of the bloodvessels, slowness of pulse, reduction of temperature, and reflex action, then Bonjean's is the ergotine to use. Wigger's is useless as a hæmostatic, and when it is wanted to reduce temperature or reflex action it is not so good as the other, on account of its narcotic properties. Wigger's ergotine, on the other hand, increases the irritability of the peripheral motor nerves; hence, to produce labour it may be best to combine the two and give the ergot in substance. An infusion, of course, only gives the constituents soluble in water.—*Glasgow Med. Journ.*, Oct. 1874, from *Virchow's Archiv*, vol. lx. Pt. III.

15. *Ether as an Anæsthetic.*—The late British journals show that the profession in that country are at last awakening to the knowledge of the superior safety of ether over chloroform as an anæsthetic. This journal has always

endeavoured to impress upon its readers the great danger, we might say the unjustifiableness, of the use of chloroform, and we are glad to find that the profession in Great Britain, aroused by the frequent reports of cases of fatal poisoning by chloroform, are beginning to realize the danger of chloroform, and that in ether we have an almost absolutely safe anæsthetic.

In the *Lancet* (Jan. 30th), it is stated that "St. George's Hospital has an experience of nearly four years during which ether has been used there as the ordinary and prevailing anæsthetic, and during which it has been amply proved to be speedy, convenient, and effectual for all purposes."

Dr. Thos. Keith, of Edinburgh, the successful ovariotomist, states (*British Med. Journal*, Jan. 30th) that he has given ether in ovariotomy and other prolonged operations, or whenever it was necessary in feeble patients to give an anæsthetic, ever since the beginning of 1867, and he adds that his "confidence in sulphuric ether as the best practical anæsthetic we yet have does not diminish. Its low specific gravity must make it less dangerous than the others. It is not perfect, but it answers my purpose better than any other. It saves my patients from the misery of after-vomiting, and, in ovariotomy, from the chance of losing their lives in certain cases of bad adhesion from bleeding being set up by the sickness after the abdomen is closed. Whether of itself it diminishes the risk of operations, I cannot tell; but I am inclined to think that it does often save the feeble ones. This much I can say, that ether has now been given in one hundred and thirty-five cases of ovariotomy, and in two cases of successful removal of the uterus for fibro-cystic tumour. In every case, the anæsthesia was profound, many of the operations were very tedious, and, of the last sixty-six operated on, sixty have recovered."

16. *Copaïba as a Diuretic.*—Mr. E. L. Dixon records (*The Practitioner*, Feb. 1875) three cases of dropsy, in which he administered copaiba as a diuretic with great benefit. "The drug seemed to act by increasing the amount of the urinary water, for the sp. gr. fell as the amount of the urine increased."

17. *Rhamnus Frangula as a Substitute for Castor Oil.*—Dr. J. C. O. Will recommends (*Med. Times and Gaz.*, Feb. 6, 1875) the fluid extract of *Rhamnus frangula*, black alder, as possessing all the desirable properties of castor oil without its disagreeable ones. The extract he employs contains in each drachm the equivalent of one drachm of the bark. "This extract is a dark brown, thickish fluid, with a rather sweetish and far from disagreeable taste. The dose, of course, varies according to the effect desired, the age, and the condition of the patient; but I have proved from experience that the quantity suggested by the makers of the extract—viz., one to two drachms—is, as a rule, too small for an adult. For a child one drachm is sufficient, but for an adult a dose of from two and a half—that is, an average dessertspoonful—to five drachms is necessary, and I generally order the following: ℞. Extracti rhamni frangulæ liquidi ʒv, aquam ad ℥j. M. Sig.: the half to be taken in a wineglassful of cold water, and should the bowels not move in four hours the remainder to be given; or the first dose at night, and the second in the morning, should no motion have taken place. The effects are much akin to those of castor oil, but there is no nausea, there are no eructations, and there is no griping. With regard to the last symptom, though it is, as I have already stated, but slight in the case of castor oil, it is hardly ever present here in even the least degree, only one patient of the many to whom I have given it complaining of it at all, and in her case the bowels had not been opened for four days, and she had only a very little uneasiness. The stools are not generally loose, and never watery; it usually acts only once, but in two of my cases three motions followed five drachms. It seems to have, in addition, as first stated by Mr. Giles, tonic and aromatic qualities, by which the muscular action of the bowels is slightly stimulated; and it is probably to this that its usefulness in habitual constipation is to be attributed. I have now prescribed it in many different forms of disease, and in all it has answered well. I think that it will prove particularly useful in children; in those suffering from hemorrhoids, or